




RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

MEMORANDUM

Date: June 18, 2014
To: Gay Munyon, Bureau Chief, Medicaid Contract Management
From:  Thomas Parker, Planning Administrator, Medicaid Cost Reimbursement
Subject: Retroactive Nursing Facility Per Diem Rates

We have revised the following Nursing Facility Per Diem Rates. Attached are the rate change notices for HP.

	<u>Provider Name</u>	<u>Provider Number</u>	<u>Number of Rate Change Notices</u>
1.	Fountainhead Care Center	0 005523-00	1
2.	Heartland of Sarasota FL, LLC	0 010453-00	11
3.	Wuesthoff Progressive Care Center	0 028602-00	9
4.	New Riviera Nursing and Rehabilitation Center	0 048807-00	8
5.	Braden River Rehabilitation Center, LLC	0 073324-00	3
6.	Alliance Community for Retirement Living	0 202789-00	2
7.	Morton Plant Rehabilitation Center	0 206431-00	5
8.	John Knox Village Medical Center	0 210285-00	5
9.	Hardee Manor Healthcare Center	0 211435-00	1
10.	Life Care Center of Hilliard	0 214060-00	6
11.	Life Care Center of Port. St. Lucie	0 217824-00	2
12.	Treasure Isle Care Center	0 226602-00	1
13.	Belleair Health Care Center	0 264521-00	15
14.	East Bay Rehabilitation Center	0 264539-00	15
15.	Majestic Oaks Continuing Care Complex	0 269000-00	3
16.	Palm Terrace of Lakeland	0 282626-00	1
17.	Life Care Center of Orange Park	0 284289-00	9
18.	Ponce Plaza Nursing & Rehab Center	0 308251-00	16
19.	Ft. Lauderdale Health & Rehab Center	0 321303-00	1
		Total	114

If you have any questions regarding the above contact Thomas Parker at 412-4110.

TP/ab
Attachments



Provider Number	Effective Date Format YYYYMMDD	Single Level	Level H: AIDS	Single Level	Single Level	MCM number	Audit Number
		Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)		
000552300	20140101	217.34	0.00	217.34	217.34	75561-14	
001045300	20090710	211.97	352.32	211.97	211.97	75561-14	NH12-072W
001045300	20100101	213.52	355.44	213.52	213.52	75561-14	NH12-072W
001045300	20100701	215.58	358.92	215.58	215.58	75561-14	NH12-072W
001045300	20100710	215.58	358.92	215.58	215.58	75561-14	NH12-072W
001045300	20110101	219.58	364.44	219.58	219.58	75561-14	NH12-072W
001045300	20110701	211.20	357.40	211.20	211.20	75561-14	NH12-072W
001045300	20120101	213.73	361.34	213.73	213.73	75561-14	NH12-072W
001045300	20120701	220.63	369.84	220.63	220.63	75561-14	NH12-072W
001045300	20130101	217.55	368.36	217.55	217.55	75561-14	NH12-072W
001045300	20130701	223.07	0.00	223.07	223.07	75561-14	NH12-072W
001045300	20140101	226.80	0.00	226.80	226.80	75561-14	NH12-072W
002860200	20101001	210.58	353.92	210.58	210.58	75561-14	
002860200	20110101	212.29	357.15	212.29	212.29	75561-14	
002860200	20110701	203.09	349.29	203.09	203.09	75561-14	
002860200	20111001	203.55	349.75	203.55	203.55	75561-14	
002860200	20120101	204.35	351.96	204.35	204.35	75561-14	
002860200	20120701	211.48	360.69	211.48	211.48	75561-14	
002860200	20130101	212.85	363.66	212.85	212.85	75561-14	
002860200	20130701	249.37	0.00	249.37	249.37	75561-14	
002860200	20140101	248.37	0.00	248.37	248.37	75561-14	
004880700	20120614	231.66	379.27	231.66	231.66	75561-14	
004880700	20120701	241.23	390.44	241.23	241.23	75561-14	
004880700	20130101	244.57	395.38	244.57	244.57	75561-14	
004880700	20130424	242.44	393.25	242.44	242.44	75561-14	
004880700	20130701	248.49	0.00	248.49	248.49	75561-14	
004880700	20131024	248.49	0.00	248.49	248.49	75561-14	
004880700	20131201	248.49	0.00	248.49	248.49	75561-14	
004880700	20140101	242.55	0.00	242.55	242.55	75561-14	
007332400	20130101	216.57	367.38	216.57	216.57	75561-14	
007332400	20130701	224.75	0.00	224.75	224.75	75561-14	
007332400	20140101	225.37	0.00	225.37	225.37	75561-14	
020278900	20090701	176.51	316.86	176.51	176.51	75561-14	NH09-106L
020278900	20100101	178.20	320.12	178.20	178.20	75561-14	NH09-106L
020643100	20120101	217.81	365.42	217.81	217.81	75561-14	
020643100	20120701	225.60	374.81	225.60	225.60	75561-14	
020643100	20130101	227.40	378.21	227.40	227.40	75561-14	
020643100	20130701	232.87	0.00	232.87	232.87	75561-14	
020643100	20140101	228.28	0.00	228.28	228.28	75561-14	
021028500	20120101	208.36	355.97	208.36	208.36	75561-14	
021028500	20120701	214.91	364.12	214.91	214.91	75561-14	
021028500	20130101	216.46	367.27	216.46	216.46	75561-14	
021028500	20130701	221.18	0.00	221.18	221.18	75561-14	
021028500	20140101	220.09	0.00	220.09	220.09	75561-14	
021143500	20140101	190.91	0.00	190.91	190.91	75561-14	
021406000	20100101	183.57	325.49	183.57	183.57	75561-14	NH11-148C
021406000	20100701	186.99	330.33	186.99	186.99	75561-14	NH11-148C
021406000	20110701	186.70	332.90	186.70	186.70	75561-14	NH11-148C
021406000	20120701	197.73	346.94	197.73	197.73	75561-14	NH11-148C
021406000	20130101	200.01	350.82	200.01	200.01	75561-14	NH11-148C
021406000	20130701	195.81	0.00	195.81	195.81	75561-14	NH11-148C
021782400	20100101	208.11	350.03	208.11	208.11	75561-14	NH11-147C
021782400	20100701	209.82	353.16	209.82	209.82	75561-14	NH11-147C
022660200	20130701	201.98	0.00	201.98	201.98	75561-14	
026452100	20080101	161.14	295.14	161.14	161.14	75561-14	NH11-128C
026452100	20080701	163.17	299.45	163.17	163.17	75561-14	NH11-128C
026452100	20090101	166.08	304.43	166.08	166.08	75561-14	NH11-128C
026452100	20090301	152.16	290.51	152.16	152.16	75561-14	NH11-128C
026452100	20090401	188.54	326.89	188.54	188.54	75561-14	NH11-128C
026452100	20090701	194.20	334.55	194.20	194.20	75561-14	NH11-128C
026452100	20100101	194.89	336.81	194.89	194.89	75561-14	NH11-128C

Provider Number	Effective Date Format YYYYMMDD	Intermediate I (IN1)	Skilled AIDS (SKA)	Intermediate II (IN2)	Skilled (SKD)	MCM number	Audit Number
026452100	20100701	206.90	350.24	206.90	206.90	75561-14	NH11-128C
026452100	20110101	209.67	354.53	209.67	209.67	75561-14	NH11-128C
026452100	20110701	202.79	348.99	202.79	202.79	75561-14	NH11-128C
026452100	20120101	199.81	347.42	199.81	199.81	75561-14	NH11-128C
026452100	20120701	210.95	360.16	210.95	210.95	75561-14	NH11-128C
026452100	20130101	214.47	365.28	214.47	214.47	75561-14	NH11-128C
026452100	20130701	220.50	0.00	220.50	220.50	75561-14	NH11-128C
026452100	20140101	215.91	0.00	215.91	215.91	75561-14	NH11-128C
026453900	20080101	167.78	301.78	167.78	167.78	75561-14	NH11-129C
026453900	20080701	170.17	306.45	170.17	170.17	75561-14	NH11-129C
026453900	20090101	175.33	313.68	175.33	175.33	75561-14	NH11-129C
026453900	20090301	160.63	298.98	160.63	160.63	75561-14	NH11-129C
026453900	20090401	198.11	336.46	198.11	198.11	75561-14	NH11-129C
026453900	20090701	202.59	342.94	202.59	202.59	75561-14	NH11-129C
026453900	20100101	202.00	343.92	202.00	202.00	75561-14	NH11-129C
026453900	20100701	210.48	353.82	210.48	210.48	75561-14	NH11-129C
026453900	20110101	213.13	357.99	213.13	213.13	75561-14	NH11-129C
026453900	20110701	202.11	348.31	202.11	202.11	75561-14	NH11-129C
026453900	20120101	204.48	352.09	204.48	204.48	75561-14	NH11-129C
026453900	20120701	217.69	366.90	217.69	217.69	75561-14	NH11-129C
026453900	20130101	220.84	371.65	220.84	220.84	75561-14	NH11-129C
026453900	20130701	226.57	0.00	226.57	226.57	75561-14	NH11-129C
026453900	20140101	220.29	0.00	220.29	220.29	75561-14	NH11-129C
026900000	20090401	189.74	328.09	189.74	189.74	75561-14	NH07-050J
026900000	20090701	191.55	331.90	191.55	191.55	75561-14	NH07-050J
026900000	20130101	200.39	351.20	200.39	200.39	75561-14	NH07-050J
028262600	20140101	214.67	0.00	214.67	214.67	75561-14	
028428900	20100101	169.51	311.43	169.51	169.51	75561-14	NH11-146C
028428900	20100701	172.14	315.48	172.14	172.14	75561-14	NH11-146C
028428900	20110101	179.11	323.97	179.11	179.11	75561-14	NH11-146C
028428900	20110701	172.82	319.02	172.82	172.82	75561-14	NH11-146C
028428900	20120101	176.26	323.87	176.26	176.26	75561-14	NH11-146C
028428900	20120701	181.31	330.52	181.31	181.31	75561-14	NH11-146C
028428900	20130101	183.36	334.17	183.36	183.36	75561-14	NH11-146C
028428900	20130701	185.24	0.00	185.24	185.24	75561-14	NH11-146C
028428900	20140101	194.40	0.00	194.40	194.40	75561-14	NH11-146C
030825100	20070701	196.03	327.97	196.03	196.03	75561-14	NH04-100C
030825100	20080101	194.10	328.10	194.10	194.10	75561-14	NH04-100C
030825100	20080701	195.83	332.11	195.83	195.83	75561-14	NH04-100C
030825100	20090101	188.98	327.33	188.98	188.98	75561-14	NH04-100C
030825100	20090301	173.13	311.48	173.13	173.13	75561-14	NH04-100C
030825100	20090401	211.89	350.24	211.89	211.89	75561-14	NH04-100C
030825100	20090701	217.95	358.30	217.95	217.95	75561-14	NH04-100C
030825100	20100101	217.32	359.24	217.32	217.32	75561-14	NH04-100C
030825100	20100701	227.98	371.32	227.98	227.98	75561-14	NH04-100C
030825100	20110101	230.89	375.75	230.89	230.89	75561-14	NH04-100C
030825100	20110701	222.54	368.74	222.54	222.54	75561-14	NH04-100C
030825100	20120101	224.50	372.11	224.50	224.50	75561-14	NH04-100C
030825100	20120701	231.65	380.86	231.65	231.65	75561-14	NH04-100C
030825100	20130101	233.22	384.03	233.22	233.22	75561-14	NH04-100C
030825100	20130701	239.48	0.00	239.48	239.48	75561-14	NH04-100C
030825100	20140101	240.97	0.00	240.97	240.97	75561-14	NH04-100C
032130300	20140101	223.09	0.00	223.09	223.09	75561-14	



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FOUNTAINHEAD CARE CENTER

390 NE 135TH ST

NORTH MIAMI, FL 33161

Provider Number:

0 005523-00

Date:

5/6/2014

Fiscal Year End:

12/31/2012

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
215.01	217.34	1/1/2014

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

IRR Granted Effective 1/1/2014

Distribution:

Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

Home Office: Pensacola Administrative Services, LLC
 2 North Palafox Street
 Pensacola, FL 32502

Thomas Parker
Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Sarasota FL, LLC
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 5/9/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>212.17</u>	<u>211.97</u>	<u>7/10/2009</u>
	Level H: Aids	<u>352.52</u>	<u>352.32</u>	<u>7/10/2009</u>

Rate Type :

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Prospective Adjusted for New Costs

Settlement based on costs

Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit NH12-072W FYE 12/31/2010

Rate Semester Change

On FRV [2] as of 07/10/2009

Distribution:

Contract Management / Fiscal Agent

Permanent File

For information Only

No Change in Rate

Home Office:

HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Sarasota FL, LLC
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 5/9/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>213.72</u>	<u>213.52</u>	<u>1/1/2010</u>
	Level H: Aids	<u>355.64</u>	<u>355.44</u>	<u>1/1/2010</u>

Rate Type :

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input checked="" type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH12-072W FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 07/10/2009

Distribution:

Contract Management / Fiscal Agent
 Permanent File
 For information Only
 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Sarasota FL, LLC
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 5/9/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.80	215.58	7/1/2010
	Level H: Aids	359.14	358.92	7/1/2010

Rate Type :

- | | |
|---|---|
| <input checked="" type="checkbox"/> Interim | <input type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH12-072W FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 07/10/2009

Distribution:

- Contract Management / Fiscal Agent
 Permanent File
 For information Only
 No Change in Rate

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Sarasota FL, LLC
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 5/9/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	215.80	215.58	7/10/2010
	Level H: Aids	359.14	358.92	7/10/2010

Rate Type :

- | | |
|---|---|
| <input checked="" type="checkbox"/> Interim | <input type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH12-072W FYE 12/31/2010**
- Rate Semester Change
- On FRV [2] as of 07/10/2009

Distribution:

- Contract Management / Fiscal Agent
- Permanent File
- For information Only
- No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Sarasota FL, LLC
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 5/9/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	219.80	219.58	1/1/2011
Level H: Aids	364.66	364.44	1/1/2011

Rate Type :

- | | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH12-072W FYE 12/31/2010**
- Rate Semester Change
- On FRV [2] as of 07/10/2009

Distribution:

- Contract Management / Fiscal Agent
- Permanent File
- For information Only
- No Change in Rate

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Sarasota FL, LLC
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 5/9/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.41	211.20	7/1/2011
	Level H: Aids	357.61	357.40	7/1/2011

Rate Type :

- | | |
|---|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input checked="" type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit NH12-072W FYE 12/31/2010**
- Rate Semester Change
- On FRV [2] as of 07/10/2009

Distribution:

- Contract Management / Fiscal Agent
- Permanent File
- For information Only
- No Change in Rate

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 Julie Yoxtheimer
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Sarasota FL, LLC
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 5/9/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.93	213.73	1/1/2012
	Level H: Aids	361.54	361.34	1/1/2012

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH12-072W FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 07/10/2009

Distribution:

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 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Sarasota FL, LLC
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 5/9/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	220.84	220.63	7/1/2012
	Level H: Aids	370.05	369.84	7/1/2012

Rate Type :

Interim
 Total Interim
 Interim Component
 Settlement based on costs
 Prior Provider Prospective data

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH12-072W FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 07/10/2009

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Heartland of Sarasota FL, LLC
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 5/9/2014
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>217.76</u>	<u>217.55</u>	<u>1/1/2013</u>
	Level H: Aids	<u>368.57</u>	<u>368.36</u>	<u>1/1/2013</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit NH12-072W FYE 12/31/2010
 Rate Semester Change
 On FRV [2] as of 07/10/2009

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 Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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Medicaid Reimbursement Per Diem Rates

Heartland of Sarasota FL, LLC
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 5/9/2014
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	223.28	223.07	7/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH12-072W FYE 12/31/2010
- Rate Semester Change
- On FRV [2] as of 07/10/2009

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 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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Medicaid Reimbursement Per Diem Rates

Heartland of Sarasota FL, LLC
 5401 Sawyer Road
 Sarasota FL 34233

Provider Number: 0 010453-00
 Date: 5/9/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	227.01	226.80	1/1/2014

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit NH12-072W FYE 12/31/2010
- Rate Semester Change
- On FRV [2] as of 07/10/2009

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Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR Manor Care
 Julie Yoxtheimer
 333 North Summit Street
 Toledo OH 43604



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Medicaid Reimbursement Per Diem Rates

WUESTHOFF PROGRESSIVE CARE CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 028602-00
Date: 5/7/2014
Fiscal Year End: 9/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.74</u>	<u>210.58</u>	<u>10/1/2010</u>
	Level H: Aids	<u>355.08</u>	<u>353.92</u>	<u>10/1/2010</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 9/30/2011

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Management Associates
 5811 Pelican Bay Blvd
 Naples, FL 34108



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WUESTHOFF PROGRESSIVE CARE CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 028602-00
Date: 5/7/2014
Fiscal Year End: 9/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.46	212.29	1/1/2011
	Level H: Aids	358.32	357.15	1/1/2011

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 9/30/2011

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WUESTHOFF PROGRESSIVE CARE CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 028602-00
Date: 5/7/2014
Fiscal Year End: 9/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.15	203.09	7/1/2011
	Level H: Aids	350.35	349.29	7/1/2011

Rate Type:

<input checked="" type="checkbox"/> Interim	_____ Total Interim	<input type="checkbox"/> Prospective	_____ Total Prospective
_____ Interim Component		_____ Total Prospective with Interim Component	
<input checked="" type="checkbox"/> Settlement based on cost			
_____ Prior Provider Prospective data			

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 9/30/2011

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Home Office: Health Management Associates
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<u>WUESTHOFF PROGRESSIVE CARE CENTER</u>	Provider Number:	<u>0 028602-00</u>
<u>8050 SPYGLASS HILL RD</u>	Date:	<u>5/7/2014</u>
<u>VIERA, FL 32940</u>	Fiscal Year End:	<u>9/30/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>204.15</u>	<u>203.55</u>	<u>10/1/2011</u>
	Level H: Aids	<u>350.35</u>	<u>349.75</u>	<u>10/1/2011</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement FYE 9/30/2011

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WUESTHOFF PROGRESSIVE CARE CENTER	Provider Number:	0 028602-00
8050 SPYGLASS HILL RD	Date:	5/7/2014
VIERA, FL 32940	Fiscal Year End:	9/30/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.47</u>	<u>204.35</u>	<u>1/1/2012</u>
	Level H: Aids	<u>352.08</u>	<u>351.96</u>	<u>1/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 9/30/2011

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Medicaid Reimbursement Per Diem Rates

<u>WUESTHOFF PROGRESSIVE CARE CENTER</u>	Provider Number:	<u>0 028602-00</u>
<u>8050 SPYGLASS HILL RD</u>	Date:	<u>5/7/2014</u>
<u>VIERA, FL 32940</u>	Fiscal Year End:	<u>9/30/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>211.20</u>	<u>211.48</u>	<u>7/1/2012</u>
	Level H: Aids	<u>360.41</u>	<u>360.69</u>	<u>7/1/2012</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement FYE 9/30/2011

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Medicaid Reimbursement Per Diem Rates

WUESTHOFF PROGRESSIVE CARE CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 028602-00
Date: 5/7/2014
Fiscal Year End: 9/30/2011
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.89</u>	<u>212.85</u>	<u>1/1/2013</u>
	Level H: Aids	<u>362.70</u>	<u>363.66</u>	<u>1/1/2013</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 9/30/2011

Distribution:

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WUESTHOFF PROGRESSIVE CARE CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 028602-00
Date: 5/7/2014
Fiscal Year End: 9/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
216.27	249.37	7/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Retro for 7/13 rate semester

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WUESTHOFF PROGRESSIVE CARE CENTER
8050 SPYGLASS HILL RD
VIERA, FL 32940

Provider Number: 0 028602-00
Date: 5/7/2014
Fiscal Year End: 9/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>215.22</u>	<u>248.37</u>	<u>1/1/2014</u>

Rate Type:

Interim

Prospective

Total Interim

Total Prospective

Interim Component

Total Prospective with Interim Component

Settlement based on cost

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Retro for 1/14 rate semester

Distribution:

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5811 Pelican Bay Blvd
Naples, FL 34108

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Medicaid Reimbursement Per Diem Rates

NEW RIVIERA NURSING AND REHABILITATION CENTER
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 6/12/2014
Fiscal Year End: 11/30/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>239.36</u>	<u>231.66</u>	<u>6/14/2012</u>
	Level H: Aids	<u>386.97</u>	<u>379.27</u>	<u>6/14/2012</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 11/30/2013

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Medicaid Reimbursement Per Diem Rates

NEW RIVIERA NURSING AND REHABILITATION CENTER	Provider Number:	0 048807-00
6901 YUMURI STREET	Date:	6/12/2014
CORAL GABLES, FL 33146	Fiscal Year End:	11/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>249.09</u>	<u>241.23</u>	<u>7/1/2012</u>
	Level H: Aids	<u>398.30</u>	<u>390.44</u>	<u>7/1/2012</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:


_____ Budget
<input checked="" type="checkbox"/> Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
<input checked="" type="checkbox"/> Cost Settlement FYE 11/30/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>NEW RIVIERA NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 048807-00</u>
<u>6901 YUMURI STREET</u>	Date:	<u>6/12/2014</u>
<u>CORAL GABLES, FL 33146</u>	Fiscal Year End:	<u>11/30/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>250.77</u>	<u>244.57</u>	<u>1/1/2013</u>
	Level H: Aids	<u>401.58</u>	<u>395.38</u>	<u>1/1/2013</u>

Rate Type:

<u> X </u> Interim	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement FYE 11/30/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>NEW RIVIERA NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 048807-00</u>
<u>6901 YUMURI STREET</u>	Date:	<u>6/12/2014</u>
<u>CORAL GABLES, FL 33146</u>	Fiscal Year End:	<u>11/30/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>250.77</u>	<u>242.44</u>	<u>4/24/2013</u>
	Level H: Aids	<u>401.58</u>	<u>393.25</u>	<u>4/24/2013</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Cost Settlement FYE 11/30/2013


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Medicaid Reimbursement Per Diem Rates

<u>NEW RIVIERA NURSING AND REHABILITATION CENTER</u>	Provider Number:	<u>0 048807-00</u>
<u>6901 YUMURI STREET</u>	Date:	<u>6/12/2014</u>
<u>CORAL GABLES, FL 33146</u>	Fiscal Year End:	<u>11/30/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current</u>	<u>New</u>	<u>Effective</u>
		<u>Rate</u>	<u>Rate</u>	<u>Date</u>
Nursing Home	Single Level	<u>252.61</u>	<u>248.49</u>	<u>7/1/2013</u>

Rate Type:

<u>X</u> Interim	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> X Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


<u> </u> Budget
<u>X</u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u>X</u> Cost Settlement FYE 11/30/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

NEW RIVIERA NURSING AND REHABILITATION CENTER

6901 YUMURI STREET

CORAL GABLES, FL 33146

Provider Number:

0 048807-00

Date:

6/12/2014

Fiscal Year End:

11/30/2013

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Current
Rate

New
Rate

Effective
Date

252.61

248.49

10/24/2013

Rate Type:

Interim

Total Interim

Interim Component

Settlement based on cost

Prior Provider Prospective data

Prospective

Total Prospective

Total Prospective with Interim Component

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 11/30/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

NEW RIVIERA NURSING AND REHABILITATION CENTER
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 6/12/2014
Fiscal Year End: 11/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current New Effective
Rate Rate Date
252.61 248.49 12/1/2013

Rate Type:

Interim Prospective
_____ Total Interim _____ Total Prospective
_____ Interim Component _____ Total Prospective with Interim Component
 Settlement based on cost
_____ Prior Provider Prospective data

Basis:

_____ Budget
 Unaudited costs
_____ Field audited costs
_____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 11/30/2013

Distribution:

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Medicaid Reimbursement Per Diem Rates

NEW RIVIERA NURSING AND REHABILITATION CENTER
6901 YUMURI STREET
CORAL GABLES, FL 33146

Provider Number: 0 048807-00
Date: 6/12/2014
Fiscal Year End: 11/30/2013
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
241.10	242.55	1/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Cost Settlement FYE 11/30/2013

Distribution:


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Medicaid Reimbursement Per Diem Rates

BRADEN RIVER REHABILITATION CENTER, LLC
2010 MANATEE AVE E
BRADENTON, FL 34208

Provider Number: 0 073324-00
Date: 5/5/2014
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.33	216.57	1/1/2013
	Level H: Aids	368.14	367.38	1/1/2013

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
<input checked="" type="checkbox"/> Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

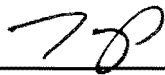
_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Cost Settlement FYE 6/30/2013

Distribution:

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Home Office: Southern HealthCare Management, LLC
 5887 Glenridge Drive, Suite 150
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Medicaid Reimbursement Per Diem Rates

BRADEN RIVER REHABILITATION CENTER, LLC
 2010 MANATEE AVE E
 BRADENTON, FL 34208

Provider Number: 0 073324-00
 Date: 5/5/2014
 Fiscal Year End: 6/30/2013
 Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
222.96	224.75	7/1/2013

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:


Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Cost Settlement FYE 6/30/2013

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Home Office: Southern HealthCare Management, LLC
 5887 Glenridge Drive, Suite 150
 Atlanta, GA 30328



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Medicaid Reimbursement Per Diem Rates

<u>BRADEN RIVER REHABILITATION CENTER, LLC</u>	Provider Number:	<u>0 073324-00</u>
<u>2010 MANATEE AVE E</u>	Date:	<u>5/5/2014</u>
<u>BRADENTON, FL 34208</u>	Fiscal Year End:	<u>6/30/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		223.76	225.37	1/1/2014

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> X </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Cost Settlement FYE 6/30/2013

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 5887 Glenridge Drive, Suite 150
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Medicaid Reimbursement Per Diem Rates

Alliance Community for Retirement Living
 130 West Armstrong Avenue
 Deland FL 32720

Provider Number: 0 202789-00
 Date: 4/10/2014
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	181.27	176.51	7/1/2009
	Level H: Aids	321.62	316.86	7/1/2009

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Field Audit #NH09-106L FYE 6/30/2008

Rate Semester Change

On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Alliance Community for Retirement Living
 130 West Armstrong Avenue
 Deland FL 32720

Provider Number: 0 202789-00
 Date: 4/10/2014
 Fiscal Year End: 6/30/2008
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	183.00	178.20	1/1/2010
	Level H: Aids	324.92	320.12	1/1/2010

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH09-106L FYE 6/30/2008
 Rate Semester Change
 On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

MORTON PLANT REHABILITATION CENTER	Provider Number:	0 206431-00
400 CORBETT ST	Date:	5/28/2014
BELLEAIR, FL 33756	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>218.14</u>	<u>217.81</u>	<u>1/1/2012</u>
	Level H: Aids	<u>365.75</u>	<u>365.42</u>	<u>1/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Retro FYE 12/31/2010

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Home Office: Baycare Health System
 2985 Drew Street
 Clearwater, FL 33759



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Medicaid Reimbursement Per Diem Rates

MORTON PLANT REHABILITATION CENTER	Provider Number:	0 206431-00
400 CORBETT ST	Date:	5/28/2014
BELLEAIR, FL 33756	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>226.01</u>	<u>225.60</u>	<u>7/1/2012</u>
	Level H: Aids	<u>375.22</u>	<u>374.81</u>	<u>7/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Retro FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

MORTON PLANT REHABILITATION CENTER	Provider Number:	0 206431-00
400 CORBETT ST	Date:	5/28/2014
BELLEAIR, FL 33756	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>227.80</u>	<u>227.40</u>	<u>1/1/2013</u>
	Level H: Aids	<u>378.61</u>	<u>378.21</u>	<u>1/1/2013</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Retro FYE 12/31/2010

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Medicaid Reimbursement Per Diem Rates

MORTON PLANT REHABILITATION CENTER
400 CORBETT ST
BELLEAIR, FL 33756

Provider Number: 0 206431-00
Date: 5/28/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
233.30	232.87	7/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Retro FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>MORTON PLANT REHABILITATION CENTER</u>	Provider Number:	<u>0 206431-00</u>
<u>400 CORBETT ST</u>	Date:	<u>5/28/2014</u>
<u>BELLEAIR, FL 33756</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>227.67</u>	<u>228.28</u>	<u>1/1/2014</u>

Rate Type:

<u> </u> Interim	<u> </u> Total Interim	<u> X </u> Prospective	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Settlement based on cost	<u> </u> X	<u> </u> Total Prospective with Interim Component
<u> </u> Prior Provider Prospective data			

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Retro FYE 12/31/2010

Distribution:

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Medicaid Reimbursement Per Diem Rates

JOHN KNOX VILLAGE MEDICAL CENTER
4100 E FLETCHER AVE
TAMPA, FL 33613

Provider Number: 0 210285-00
Date: 5/28/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>205.12</u>	<u>208.36</u>	<u>1/1/2012</u>
	Level H: Aids	<u>352.73</u>	<u>355.97</u>	<u>1/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Retro using FYE 12/31/2010 C/R


Distribution:

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Medicaid Reimbursement Per Diem Rates

JOHN KNOX VILLAGE MEDICAL CENTER
4100 E FLETCHER AVE
TAMPA, FL 33613

Provider Number: 0 210285-00
Date: 5/28/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>211.60</u>	<u>214.91</u>	<u>7/1/2012</u>
	Level H: Aids	<u>360.81</u>	<u>364.12</u>	<u>7/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Retro using FYE 12/31/2010 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

JOHN KNOX VILLAGE MEDICAL CENTER
4100 E FLETCHER AVE
TAMPA, FL 33613

Provider Number: 0 210285-00
Date: 5/28/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.08	216.46	1/1/2013
	Level H: Aids	363.89	367.27	1/1/2013

Rate Type:

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Total Prospective with Interim Component
 Settlement based on cost
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Retro using FYE 12/31/2010 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

JOHN KNOX VILLAGE MEDICAL CENTER
4100 E FLETCHER AVE
TAMPA, FL 33613

Provider Number: 0 210285-00
Date: 5/28/2014
Fiscal Year End: 12/31/2010
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
217.72	221.18	7/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ X Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

_____ Budget
 Unaudited costs
 _____ Field audited costs
 _____ Desk audited costs

Changes:

_____ Rate Semester Change
 Retro using FYE 12/31/2010 C/R

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>JOHN KNOX VILLAGE MEDICAL CENTER</u>	Provider Number:	<u>0 210285-00</u>
<u>4100 E FLETCHER AVE</u>	Date:	<u>5/28/2014</u>
<u>TAMPA, FL 33613</u>	Fiscal Year End:	<u>12/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home	Single Level	<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
		216.56	220.09	1/1/2014

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:


<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Retro using FYE 12/31/2010 C/R

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Medicaid Reimbursement Per Diem Rates

HARDEE MANOR HEALTHCARE CENTER
401 ORANGE PLACE
WAUCHULA, FL 33873

Provider Number: 0 211435-00
Date: 5/5/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
199.49	190.91	1/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Late Test FYE 12/31/2012

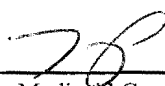
Distribution:

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No Change in Rate


Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Diversicare Healthcare Services Inc.
 1621 Galleria Blvd.
 Brentwood, TN 30727



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Hilliard
 P.O. Box 1349
 Hilliard FL 32046

Provider Number: 0 214060-00
 Date: 4/30/2014
 Fiscal Year End: 7/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	183.89	183.57	1/1/2010
	Level H: Aids	325.81	325.49	1/1/2010

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11-148C FYE 7/31/2009
 Rate Semester Change
 On FRV [2] as of 05/01/1990

Distribution:

Contract Management / Fiscal Agent
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 No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Hilliard
 P.O. Box 1349
 Hilliard FL 32046

Provider Number: 0 214060-00
 Date: 4/25/2014
 Fiscal Year End: 7/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	187.32	186.99	7/1/2010
	Level H: Aids	330.66	330.33	7/1/2010

Rate Type :

Interim
 Total Interim
 Interim Component
 Settlement based on costs
 Prior Provider Prospective data

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit NH11-148C FYE 7/31/2009
 Rate Semester Change
 On FRV [2] as of 05/01/1990

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Home Office:

Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Hilliard
 P.O. Box 1349
 Hilliard FL 32046

Provider Number: 0 214060-00
 Date: 4/25/2014
 Fiscal Year End: 7/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	186.69	186.70	7/1/2011
	Level H: Aids	332.89	332.90	7/1/2011

Rate Type :

Interim Prospective

Total Interim Total Prospective

Interim Component Prospective Adjusted for New Costs

Settlement based on costs Total Prospective with Interim Component

Prior Provider Prospective data

Basis:

Budget

Unaudited costs

Field audited costs

Field audit - interim portion

Desk audited costs

Desk audit - Interim Portion

Desk Audit - Prospective portion

Changes:

Licensure Rating Change

Usual and Customary Limitation

Target Rate limitation change

FRVS Change

Effects of FA NH11-148C FYE 7/31/09

Rate Semester Change

On FRV [2] as of 05/01/1990

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Hilliard
 P.O. Box 1349
 Hilliard FL 32046

Provider Number: 0 214060-00
 Date: 4/25/2014
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	197.72	197.73	7/1/2012
	Level H: Aids	346.93	346.94	7/1/2012

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH11-148C FYE 7/31/09
 Rate Semester Change
 On FRV [2] as of 05/01/1990

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 Cleveland TN 37320



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Hilliard
 P.O. Box 1349
 Hilliard FL 32046

Provider Number: 0 214060-00
 Date: 4/25/2014
 Fiscal Year End: 7/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.00	200.01	1/1/2013
	Level H: Aids	350.81	350.82	1/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH11-148C FYE 7/31/09
 Rate Semester Change
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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Hilliard
 P.O. Box 1349
 Hilliard FL 32046

Provider Number: 0 214060-00
 Date: 4/25/2014
 Fiscal Year End: 7/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	195.80	195.81	7/1/2013

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:


- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH11-148C FYE 7/31/09
- Rate Semester Change
- On FRV [2] as of 05/01/1990

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 Cleveland TN 37320



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Port St. Lucie
 3720 South Jennings Road
 Port St Lucie FL 34952

Provider Number: 0 217824-00
 Date: 4/23/2014
 Fiscal Year End: 7/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.98	208.11	1/1/2010
	Level H: Aids	350.90	350.03	1/1/2010

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

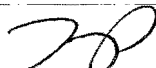
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-147C FYE 7/31/2009**
- Rate Semester Change
- On FRV [2] as of 01/01/1999

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Port St. Lucie
 3720 South Jennings Road
 Port St Lucie FL 34952

Provider Number: 0 217824-00
 Date: 4/23/2014
 Fiscal Year End: 7/31/2009
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.69	209.82	7/1/2010
	Level H: Aids	354.03	353.16	7/1/2010

Rate Type :

Interim
 Total Interim
 Interim Component
 Settlement based on costs
 Prior Provider Prospective data
 Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-147C FYE 7/31/2009
 Rate Semester Change
 On FRV [2] as of 01/01/1999

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
 Doug Ruth
 3570 NW Keith Street
 Cleveland TN 37320



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TREASURE ISLE CARE CENTER
1735 N TREASURE DRIVE
NORTH BAY VILLAGE, FL 33141

Provider Number: 0 226602-00
Date: 5/16/2014
Fiscal Year End: 6/30/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
<u>202.77</u>	<u>201.98</u>	<u>7/1/2013</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input checked="" type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Ratings Days Correction

Distribution:

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Home Office:

Thomas Parker

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	167.51	161.14	1/1/2008
	Level H: Aids	301.51	295.14	1/1/2008

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input type="checkbox"/> Unaudited costs
<input checked="" type="checkbox"/> Field audited costs
<input type="checkbox"/> Field audit - interim portion
<input type="checkbox"/> Desk audited costs
<input type="checkbox"/> Desk audit - Interim Portion
<input type="checkbox"/> Desk Audit - Prospective portion

Changes:

<input type="checkbox"/> Licensure Rating Change
<input type="checkbox"/> Usual and Customary Limitation
<input type="checkbox"/> Target Rate limitation change
<input type="checkbox"/> FRVS Change
<input checked="" type="checkbox"/> Field Audit #NH11-128C FYE 12/31/2006
<input type="checkbox"/> Rate Semester Change
<input type="checkbox"/> On FRV [2] as of 10/01/1985

Distribution:

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 No Change in Rate

Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Clear Choice Health Care, LLC
 709 S. Harbor City Blvd.
 Melbourne FL 32901



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	169.62	163.17	7/1/2008
	Level H: Aids	305.90	299.45	7/1/2008

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-128C FYE 12/31/2006**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Home Office:

Clear Choice Health Care, LLC

709 S. Harbor City Blvd.
 Melbourne FL 32901



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	167.35	166.08	1/1/2009
	Level H: Aids	305.70	304.43	1/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-128C FYE 12/31/2006**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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 Melbourne FL 32901



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 2727 Mahan Drive - Mail Stop 23
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Medicaid Reimbursement Per Diem Rates

Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	153.33	152.16	3/1/2009
	Level H: Aids	291.68	290.51	3/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
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- Field audited costs
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- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-128C FYE 12/31/2006**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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 Melbourne FL 32901



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Medicaid Reimbursement Per Diem Rates

Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.88	188.54	4/1/2009
	Level H: Aids	328.23	326.89	4/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
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 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-128C FYE 12/31/2006
 Rate Semester Change
 On FRV [2] as of 10/01/1985

Distribution:

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Medicaid Reimbursement Per Diem Rates

Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.55	194.20	7/1/2009
	Level H: Aids	335.90	334.55	7/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
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- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

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- Target Rate limitation change
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- Effects of Field Audit #NH11-128C FYE 12/31/2006**
- Rate Semester Change
- On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Belleair Health Care Center
1150 PONCE DE LEON BLVD
Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	196.25	194.89	1/1/2010
	Level H: Aids	338.17	336.81	1/1/2010

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
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 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
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 Rate Semester Change
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 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	208.27	206.90	7/1/2010
	Level H: Aids	351.61	350.24	7/1/2010

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-128C FYE 12/31/2006
- Rate Semester Change
- On FRV [2] as of 10/01/1985

Distribution:

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Melbourne FL 32901



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Medicaid Reimbursement Per Diem Rates

Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.05	209.67	1/1/2011
	Level H: Aids	355.91	354.53	1/1/2011

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

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 Target Rate limitation change
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Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>204.09</u>	<u>202.79</u>	<u>7/1/2011</u>
	Level H: Aids	<u>350.29</u>	<u>348.99</u>	<u>7/1/2011</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
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Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>201.14</u>	<u>199.81</u>	<u>1/1/2012</u>
	Level H: Aids	<u>348.75</u>	<u>347.42</u>	<u>1/1/2012</u>

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	212.36	210.95	7/1/2012
	Level H: Aids	361.57	360.16	7/1/2012

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
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Belleair Health Care Center
1150 PONCE DE LEON BLVD
Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	215.88	214.47	1/1/2013
	Level H: Aids	366.69	365.28	1/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
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- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

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Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
221.94	220.50	7/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

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 Desk audited costs
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 Desk Audit - Prospective portion

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Belleair Health Care Center
 1150 PONCE DE LEON BLVD
 Clearwater FL 33756

Provider Number: 0 264521-00
 Date: 2/28/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
217.35	215.91	1/1/2014

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

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 Desk Audit - Prospective portion

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Medicaid Reimbursement Per Diem Rates

East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>175.72</u>	<u>167.78</u>	<u>1/1/2008</u>
	Level H: Aids	<u>309.72</u>	<u>301.78</u>	<u>1/1/2008</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Field Audit #NH11-129C FYE 12/31/2006**
- Rate Semester Change
- On FRV [2] as of 07/26/1990

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Medicaid Reimbursement Per Diem Rates

East Bay Rehabilitation Center
4470 East Bay Drive
Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2006
 Audit Status: Field Audited [2]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>177.87</u>	<u>170.17</u>	<u>7/1/2008</u>
	Level H: Aids	<u>314.15</u>	<u>306.45</u>	<u>7/1/2008</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Field Audit #NH11-129C FYE 12/31/2006
 Rate Semester Change
 On FRV [2] as of 07/26/1990

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Medicaid Reimbursement Per Diem Rates

East Bay Rehabilitation Center
4470 East Bay Drive
Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>175.60</u>	<u>175.33</u>	<u>1/1/2009</u>
	Level H: Aids	<u>313.95</u>	<u>313.68</u>	<u>1/1/2009</u>

Rate Type :

Interim
 Total Interim
 Interim Component
 Settlement based on costs
 Prior Provider Prospective data

Prospective
 Total Prospective
 Prospective Adjusted for New Costs
 Total Prospective with Interim Component

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
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 FRVS Change
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 Rate Semester Change
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East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	160.88	160.63	3/1/2009
	Level H: Aids	299.23	298.98	3/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
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- Desk audited costs
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- Desk Audit - Prospective portion

Changes:

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East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	198.41	198.11	4/1/2009
	Level H: Aids	336.76	336.46	4/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

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 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.88	202.59	7/1/2009
	Level H: Aids	343.23	342.94	7/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
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- Field audited costs
- Field audit - interim portion
- Desk audited costs
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- Desk Audit - Prospective portion

Changes:

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East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.30	202.00	1/1/2010
	Level H: Aids	344.22	343.92	1/1/2010

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
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Basis:

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- Desk Audit - Prospective portion

Changes:

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- Rate Semester Change
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East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	210.78	210.48	7/1/2010
	Level H: Aids	354.12	353.82	7/1/2010

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

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- Field audited costs
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Changes:

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 Date: 3/31/2014
 Fiscal Year End: 12/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	213.43	213.13	1/1/2011
	Level H: Aids	358.29	357.99	1/1/2011

Rate Type :

- Interim
- Total Interim
- Interim Component
- Settlement based on costs
- Prior Provider Prospective data
- Prospective
- Total Prospective
- Prospective Adjusted for New Costs
- Total Prospective with Interim Component

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-129C FYE 12/31/2006
- Rate Semester Change
- On FRV [2] as of 07/26/1990

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Clear Choice Health Care, LLC
 709 S. Harbor City Blvd.
 Melbourne FL 32901



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	202.40	202.11	7/1/2011
	Level H: Aids	348.60	348.31	7/1/2011

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-129C FYE 12/31/2006
 Rate Semester Change
 On FRV [2] as of 07/26/1990

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709 S. Harbor City Blvd.
 Melbourne FL 32901



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	204.77	204.48	1/1/2012
	Level H: Aids	352.38	352.09	1/1/2012

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:


- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-129C FYE 12/31/2006
 Rate Semester Change
 On FRV [2] as of 07/26/1990

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 Melbourne FL 32901



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Medicaid Reimbursement Per Diem Rates

East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	218.00	217.69	7/1/2012
	Level H: Aids	367.21	366.90	7/1/2012

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-129C FYE 12/31/2006**
- Rate Semester Change
- On FRV [2] as of 07/26/1990

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Medicaid Reimbursement Per Diem Rates

East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	221.15	220.84	1/1/2013
	Level H: Aids	371.96	371.65	1/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-129C FYE 12/31/2006**
- Rate Semester Change
- On FRV [2] as of 07/26/1990

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 Melbourne FL 32901



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Medicaid Reimbursement Per Diem Rates

East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	226.88	226.57	7/1/2013

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of Field Audit #NH11-129C FYE 12/31/2006
- Rate Semester Change
- On FRY [2] as of 07/26/1990

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Medicaid Reimbursement Per Diem Rates

East Bay Rehabilitation Center
 4470 East Bay Drive
 Clearwater FL 33764

Provider Number: 0 264539-00
 Date: 3/31/2014
 Fiscal Year End: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	220.61	220.29	1/1/2014

Rate Type :

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Costs
<input type="checkbox"/> Settlement based on costs	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of Field Audit #NH11-129C FYE 12/31/2006
 Rate Semester Change
 On FRV [2] as of 07/26/1990

Distribution:

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709 S. Harbor City Blvd.
 Melbourne FL 32901



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Medicaid Reimbursement Per Diem Rates

Majestic Oaks Continuing Care Complex
 901 Veterans Memorial Parkway
 Orange City Fl 32763

Provider Number: 0 269000-00
 Date: 4/22/2014
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	189.75	189.74	4/1/2009
	Level H: Aids	328.10	328.09	4/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA #NH 07-050J FYE 12/31/2003
- Rate Semester Change
- On FRV [2] as of 01/21/2003

Distribution:

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Home Office: 1 - No Home Office



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Medicaid Reimbursement Per Diem Rates

Majestic Oaks Continuing Care Complex
 901 Veterans Memorial Parkway
 Orange City Fl 32763

Provider Number: 0 269000-00
 Date: 4/22/2014
 Fiscal Year End: 12/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	191.56	191.55	7/1/2009
	Level H: Aids	331.91	331.90	7/1/2009

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA #NH 07-050J FYE 12/31/2003
- Rate Semester Change
- On FRV [2] as of 01/21/2003

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Home Office:

1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Majestic Oaks Continuing Care Complex
 901 Veterans Memorial Parkway
 Orange City Fl 32763

Provider Number: 0 269000-00
 Date: 4/22/2014
 Fiscal Year End: 12/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	200.40	200.39	1/1/2013
	Level H: Aids	351.21	351.20	1/1/2013

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA & RFA #NH 07-050J FYE 12/31/2003
- Rate Semester Change
- On FRV [2] as of 01/21/2003

Distribution:

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Home Office:

1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

<u>PALM TERRACE OF LAKELAND</u>	Provider Number:	<u>0 282626-00</u>
<u>1919 LAKELAND HILLS BLVD</u>	Date:	<u>5/13/2014</u>
<u>LAKELAND, FL 33805</u>	Fiscal Year End:	<u>6/30/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
<u>204.86</u>	<u>214.67</u>	<u>1/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> X </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

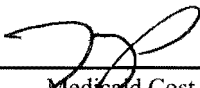
<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> IRR Granted Effective 1/1/14

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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance

Home Office: Cypress Administrative Services, LLC
 4 West Red Oak Lane, Suite 201
 White Plains, NY 10604



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER OF ORANGE PARK</u>	Provider Number:	<u>0 284289-00</u>
<u>2145 KINGSLEY AVE</u>	Date:	<u>5/5/2014</u>
<u>ORANGE PARK, FL 32073</u>	Fiscal Year End:	<u>7/31/2009</u>
	Audit Status:	<u>Field Audited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>169.84</u>	<u>169.51</u>	<u>1/1/2010</u>
	Level H: Aids	<u>311.76</u>	<u>311.43</u>	<u>1/1/2010</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

 Budget
 Unaudited costs
 X Field audited costs
 Desk audited costs

Changes:

 Rate Semester Change
 X Field Audit NH11-146C FYE 7/31/2009

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORANGE PARK
2145 KINGSLEY AVE
ORANGE PARK, FL 32073

Provider Number: 0 284289-00
Date: 5/5/2014
Fiscal Year End: 7/31/2009
Audit Status: Field Audited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	172.48	172.14	7/1/2010
	Level H: Aids	315.82	315.48	7/1/2010

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget
 Unaudited costs
 Field audited costs
 Desk audited costs

Changes:

Rate Semester Change
 Field Audit NH11-146C FYE 7/31/2009

Distribution:

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3570 NW Keith Street
Cleveland, TN 37312



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Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER OF ORANGE PARK</u>	Provider Number:	<u>0 284289-00</u>
<u>2145 KINGSLEY AVE</u>	Date:	<u>5/5/2014</u>
<u>ORANGE PARK, FL 32073</u>	Fiscal Year End:	<u>7/31/2010</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>179.06</u>	<u>179.11</u>	<u>1/1/2011</u>
	Level H: Aids	<u>323.92</u>	<u>323.97</u>	<u>1/1/2011</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit NH11-146C FYE 7/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORANGE PARK

2145 KINGSLEY AVE

ORANGE PARK, FL 32073

Provider Number:

0 284289-00

Date:

5/5/2014

Fiscal Year End:

7/31/2010

Audit Status:

Unaudited

Provider Type:

Nursing Home Single Level

Level H: Aids

Current Rate	New Rate	Effective Date
<u>172.77</u>	<u>172.82</u>	<u>7/1/2011</u>
<u>318.97</u>	<u>319.02</u>	<u>7/1/2011</u>

Rate Type:

Interim

_____ Total Interim

_____ Interim Component

_____ Settlement based on cost

_____ Prior Provider Prospective data

Prospective

_____ Total Prospective

_____ Total Prospective with Interim Component

Basis:

_____ Budget

Unaudited costs

_____ Field audited costs

_____ Desk audited costs

Changes:

_____ Rate Semester Change

Effects of Field Audit NH11-146C FYE 7/31/2009

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORANGE PARK	Provider Number:	0 284289-00
2145 KINGSLEY AVE	Date:	5/5/2014
ORANGE PARK, FL 32073	Fiscal Year End:	7/31/2011
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>176.22</u>	<u>176.26</u>	<u>1/1/2012</u>
	Level H: Aids	<u>323.83</u>	<u>323.87</u>	<u>1/1/2012</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit NH11-146C FYE 7/31/2009

Distribution:

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Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER OF ORANGE PARK</u>	Provider Number:	<u>0 284289-00</u>
<u>2145 KINGSLEY AVE</u>	Date:	<u>5/5/2014</u>
<u>ORANGE PARK, FL 32073</u>	Fiscal Year End:	<u>7/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>181.27</u>	<u>181.31</u>	<u>7/1/2012</u>
	Level H: Aids	<u>330.48</u>	<u>330.52</u>	<u>7/1/2012</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit NH11-146C FYE 7/31/2009

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Thomas Parker
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Home Office: Life Care Centers Of America
 3570 NW Keith Street
 Cleveland, TN 37312



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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER OF ORANGE PARK</u>	Provider Number:	<u>0 284289-00</u>
<u>2145 KINGSLEY AVE</u>	Date:	<u>5/5/2014</u>
<u>ORANGE PARK, FL 32073</u>	Fiscal Year End:	<u>7/31/2011</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>183.32</u>	<u>183.36</u>	<u>1/1/2013</u>
	Level H: Aids	<u>334.13</u>	<u>334.17</u>	<u>1/1/2013</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Total Prospective with Interim Component
<u> </u> Settlement based on cost	
<u> </u> Prior Provider Prospective data	

Basis:

<u> </u> Budget
<u> X </u> Unaudited costs
<u> </u> Field audited costs
<u> </u> Desk audited costs

Changes:

<u> </u> Rate Semester Change
<u> X </u> Effects of Field Audit NH11-146C FYE 7/31/2009

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 3570 NW Keith Street
 Cleveland, TN 37312



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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORANGE PARK
2145 KINGSLEY AVE
ORANGE PARK, FL 32073

Provider Number: 0 284289-00
Date: 5/5/2014
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
185.19	185.24	7/1/2013

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
_____ Total Interim	_____ X Total Prospective
_____ Interim Component	_____ Total Prospective with Interim Component
_____ Settlement based on cost	
_____ Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit NH11-146C FYE 7/31/2009

Distribution:

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Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312



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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

<u>LIFE CARE CENTER OF ORANGE PARK</u>	Provider Number:	<u>0 284289-00</u>
<u>2145 KINGSLEY AVE</u>	Date:	<u>5/5/2014</u>
<u>ORANGE PARK, FL 32073</u>	Fiscal Year End:	<u>7/31/2013</u>
	Audit Status:	<u>Unaudited</u>

Provider Type:

Nursing Home Single Level

<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
194.36	194.40	1/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

<input type="checkbox"/> Budget
<input checked="" type="checkbox"/> Unaudited costs
<input type="checkbox"/> Field audited costs
<input type="checkbox"/> Desk audited costs

Changes:

<input type="checkbox"/> Rate Semester Change
<input checked="" type="checkbox"/> Effects of Field Audit NH11-146C FYE 7/31/2009

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Medicaid Reimbursement Per Diem Rates

Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	196.02	196.03	7/1/2007
	Level H: Aids	327.96	327.97	7/1/2007

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH04-100C for prior prov 221805
 Rate Semester Change
 On FRV [2] as of 04/21/2000

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Thomas Parker
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Home Office: Hebrew Home Management Services
 Steve Beaujon
 1800 NE 168th Street, Suite 200
 Miami Beach FL 33162



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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ponce Plaza Nursing & Rehab Center
355 SW 12th Avenue
Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>194.09</u>	<u>194.10</u>	<u>1/1/2008</u>
	Level H: Aids	<u>328.09</u>	<u>328.10</u>	<u>1/1/2008</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH04-100C for prior prov 221805
 Rate Semester Change
 On FRV [2] as of 04/21/2000

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Home Office:

Hebrew Home Management Services
Steve Beaujon
1800 NE 168th Street, Suite 200
Miami Beach FL 33162

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2007
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	195.81	195.83	7/1/2008
	Level H: Aids	332.09	332.11	7/1/2008

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH04-100C for prior prov 221805
- Rate Semester Change
- On FRV [2] as of 04/21/2000

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Home Office:

Hebrew Home Management Services
 Steve Beaujon
 1800 NE 168th Street, Suite 200
 Miami Beach FL 33162

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 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	188.96	188.98	1/1/2009
	Level H: Aids	327.31	327.33	1/1/2009

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH04-100C for prior prov 221805
 Rate Semester Change
 On FRV [2] as of 04/21/2000

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Home Office: Hebrew Home Management Services
 Steve Beaujon
 1800 NE 168th Street, Suite 200
 Miami Beach FL 33162



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Medicaid Reimbursement Per Diem Rates

Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>173.12</u>	<u>173.13</u>	<u>3/1/2009</u>
	Level H: Aids	<u>311.47</u>	<u>311.48</u>	<u>3/1/2009</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH04-100C for prior prov 221805
 Rate Semester Change
 On FRV [2] as of 04/21/2000

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Medicaid Reimbursement Per Diem Rates

Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	211.87	211.89	4/1/2009
	Level H: Aids	350.22	350.24	4/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

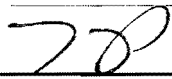
- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH04-100C for prior prov 221805
 Rate Semester Change
 On FRV [2] as of 04/21/2000

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 Miami Beach FL 33162



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Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2008
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.94	217.95	7/1/2009
	Level H: Aids	358.29	358.30	7/1/2009

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH04-100C for prior prov 221805
 Rate Semester Change
 On FRV [2] as of 04/21/2000

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Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2009
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	217.30	217.32	1/1/2010
	Level H: Aids	359.22	359.24	1/1/2010

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH04-100C for prior prov 221805
 Rate Semester Change
 On FRV [2] as of 04/21/2000

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Medicaid Reimbursement Per Diem Rates

Ponce Plaza Nursing & Rehab Center
355 SW 12th Avenue
Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>227.96</u>	<u>227.98</u>	<u>7/1/2010</u>
	Level H: Aids	<u>371.30</u>	<u>371.32</u>	<u>7/1/2010</u>

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

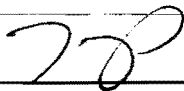
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH04-100C for prior prov 221805
- Rate Semester Change
- On FRV [2] as of 04/21/2000

Distribution:

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Steve Beaujon
1800 NE 168th Street, Suite 200
Miami Beach FL 33162



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Medicaid Reimbursement Per Diem Rates

Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	230.88	230.89	1/1/2011
	Level H: Aids	375.74	375.75	1/1/2011

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH04-100C for prior prov 221805
 Rate Semester Change
 On FRV [2] as of 04/21/2000

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Ponce Plaza Nursing & Rehab Center
355 SW 12th Avenue
Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2010
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	<u>222.53</u>	<u>222.54</u>	<u>7/1/2011</u>
	Level H: Aids	<u>368.73</u>	<u>368.74</u>	<u>7/1/2011</u>

Rate Type :

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Costs
 Settlement based on costs Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
 Effects of FA NH04-100C for prior prov 221805
 Rate Semester Change
 On FRV [2] as of 04/21/2000

Distribution:

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Miami Beach FL 33162



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Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	224.49	224.50	1/1/2012
	Level H: Aids	372.10	372.11	1/1/2012

Rate Type :

Interim
 Prospective
 Total Interim
 Total Prospective
 Interim Component
 Prospective Adjusted for New Costs
 Settlement based on costs
 Total Prospective with Interim Component
 Prior Provider Prospective data

Basis:

Budget
 Unaudited costs
 Field audited costs
 Field audit - interim portion
 Desk audited costs
 Desk audit - Interim Portion
 Desk Audit - Prospective portion

Changes:

Licensure Rating Change
 Usual and Customary Limitation
 Target Rate limitation change
 FRVS Change
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Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2011
 Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	Single Level	231.64	231.65	7/1/2012
	Level H: Aids	380.85	380.86	7/1/2012

Rate Type :

- | | |
|--|---|
| <input type="checkbox"/> Interim | <input checked="" type="checkbox"/> Prospective |
| <input type="checkbox"/> Total Interim | <input checked="" type="checkbox"/> Total Prospective |
| <input type="checkbox"/> Interim Component | <input type="checkbox"/> Prospective Adjusted for New Costs |
| <input type="checkbox"/> Settlement based on costs | <input type="checkbox"/> Total Prospective with Interim Component |
| <input type="checkbox"/> Prior Provider Prospective data | |

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH04-100C for prior prov 221805
- Rate Semester Change
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Thomas Parker
 Medicaid Cost Reimbursement Planning and Finance



State of Florida Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ponce Plaza Nursing & Rehab Center
355 SW 12th Avenue
Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

		<u>Current Rate</u>	<u>New Rate</u>	<u>Effective Date</u>
Nursing Home	Single Level	<u>233.20</u>	<u>233.22</u>	<u>1/1/2013</u>
	Level H: Aids	<u>384.01</u>	<u>384.03</u>	<u>1/1/2013</u>

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

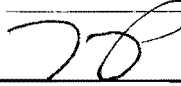
- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH04-100C for prior prov 221805
- Rate Semester Change
- On FRV [2] as of 04/21/2000

Distribution:

- Contract Management / Fiscal Agent
- Permanent File
- For information Only
- No Change in Rate


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Home Office: Hebrew Home Management Services
Steve Beaujon
1800 NE 168th Street, Suite 200
Miami Beach FL 33162



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Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2012
 Audit Status: Unaudited [3]

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
239.47	239.48	7/1/2013

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH04-100C for prior prov 221805
- Rate Semester Change
- On FRV [2] as of 04/21/2000

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Ponce Plaza Nursing & Rehab Center
 355 SW 12th Avenue
 Miami FL 33130

Provider Number: 0 308251-00
 Date: 1/16/2014
 Fiscal Year End: 1/31/2013
 Audit Status: Unaudited [3]

Provider Type:

	Current Rate	New Rate	Effective Date
Nursing Home Single Level	240.96	240.97	1/1/2014

Rate Type :

- Interim
- Prospective
- Total Interim
- Total Prospective
- Interim Component
- Prospective Adjusted for New Costs
- Settlement based on costs
- Total Prospective with Interim Component
- Prior Provider Prospective data

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Field audit - interim portion
- Desk audited costs
- Desk audit - Interim Portion
- Desk Audit - Prospective portion

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- Effects of FA NH04-100C for prior prov 221805
- Rate Semester Change
- On FRV [2] as of 04/21/2000

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Medicaid Reimbursement Per Diem Rates

FT. LAUDERDALE HEALTH & REHAB CENTER
2000 EAST COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308

Provider Number: 0 321303-00
Date: 5/28/2014
Fiscal Year End: 12/31/2012
Audit Status: Unaudited

Provider Type:

Nursing Home Single Level

Current Rate	New Rate	Effective Date
230.42	223.09	1/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Total Prospective with Interim Component
<input type="checkbox"/> Settlement based on cost	
<input type="checkbox"/> Prior Provider Prospective data	

Basis:

Budget

Unaudited costs

Field audited costs

Desk audited costs

Changes:

Rate Semester Change

Amended Cost Report FYE 12/31/2012

Distribution:


Contract Management / Fiscal Agent

Permanent File

For Information Only

No Change in Rate

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